



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>23 Judith Basin</b>		<b>0464 Stanford K-12 Schools</b>					<b>High School</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	12	1	124	0.95	41	08/20/05	_____	_____
100	12	2	104	0.95	47	08/20/05	_____	_____
100	12	3	140	0.95	42	08/22/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:					District Level:		
23 Judith Basin		0469 Hobson K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	25	2	229	0.95	48	08/16/05	_____	_____
100	25	3	111	0.95	48	08/16/05	_____	_____
100	25	5	124	1.36	66	08/16/05	_____	_____
100	25	6	125	0.95	48	08/16/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
**February 1 to County Superintendent**  
**February 15 to State Superintendent**

**Second Semester**  
**May 10 to County Superintendent**  
**May 24 to State Superintendent**

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
<b>23 Judith Basin</b>		<b>0471 Raynesford Elem</b>					<b>Elementary</b>	
<b>Percentage</b>	<b>District #</b>	<b>Route #</b>	<b>Miles Per Day</b>	<b>Rate Per Mile</b>	<b>Capacity</b>	<b>Inspection</b>	<b>Days Operated</b>	<b>Bus Driver's Social Security #</b>
100	49	1	68.4	0.95	24	None		



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
School Bus Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
23 Judith Basin		0472 Geyser Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	58	1	98	0.95	36	08/10/05	_____	_____
50	58	2	93.8	0.95	42	08/10/05	_____	_____
50	58	3	99.6	0.95	42	08/10/05	_____	_____
50	58	4	114.6	0.95	48	08/10/05	_____	_____
50	58	4A	134.6	0.95	48	08/10/05	_____	_____



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

School District Claim for  
State Reimbursement for  
School Bus Transportation

State ☐  
District ☐  
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees							
County:	District:						District Level:	
23 Judith Basin	0473 Geyser H S						High School	

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	58	1	98	0.95	36	08/10/05	_____	_____
50	58	2	93.8	0.95	42	08/10/05	_____	_____
50	58	3	99.6	0.95	42	08/10/05	_____	_____
50	58	4	114.6	0.95	48	08/10/05	_____	_____
50	58	4A	134.6	0.95	48	08/10/05	_____	_____